

2009-108-C 2019-12-A

Telecommunications Carriers AUTHORIZED UTILITY REPRESENTATIVE FORM CERTIFICATED COMPANY INFORMATION FEIN/SS Company Name: Long Distance Consolidated Billing Co Telephone # 248-618-9989 DBA/FKA: Mailing Address: 107 W Michigan Ave, 4th Floor ZIP Code: 49007 City: Kalamazoo State: MI **ILEC** IXCx CLEC Wireless ETC **REGISTERED AGENT INFORMATION** Registered Agent: B Allston Moore Jr. Mailing Address: 5 Exchange Street State: SC ZIP Code: 49401 City: Charleston

As required by Commission rules and regulations Print or type company contact person and contact information for the areas listed below:

UTILITY REPRESENTATIVE INFORMATION						
General Manager						
Name: Sue Jackson						
Address: 4010 W Walton Blvd., St	te B					
City: Waterford		State: MI	ZIP Code: 48329			
Phone: 248-618-9989	Email: SJackson@ldcb.com		Fax: 248-618-0989			
Emergency Contact – Non	Office Hou	rs				
Name:						
Phone:	Email:		Fax:			
Customer Relations/Complaints Rep						
Name: Sue Jackson		100000000000000000000000000000000000000				
Address: 4010 W Walton Blvd., S	te B					
City: Waterford	Malayara	State: MI	ZIP Code: 48329			
Phone: 248-618-9989	Email: SJac	kson@ldcb.com	Fax: 248-618-0989			
Complaints Rep for Compl	aint Escala	tion				
Name: Sue Jackson						
Address: 4010 W Walton Blvd., S	te B					
City: Waterford		State: MI	ZIP Code: 48329			
Phone: 248-618-9989	Email: SJac	kson@ldcb.com	Fax: 248-618-0989			
Customer Toll Free Contact Number:						
Engineering Operations						
Name:	Additionation of a state to the state of the					
Address:						
City:		State:	ZIP Code:			
Phone:	Email:		Fax:			
Test and Repair	house the second of the second					
Name:	NAME OF TAXABLE PARTY O		CP 2019			
Test and Repair Name: Address: City: State: ZIP Code: NPR SC DN Phone: Email: Fax: PSC DN						
City:		State:	ZIP Code: APK SC			
Phone:	Email:		Fax:			
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UTILITY REPRESENTATIVE INFORMATION						
Regulatory Officer						
Name & Title: Sue Jackson						
Address: 4010 W Walton Blvd., Ste B						
City: Waterford		State: MI	ZIP Code: 48329			
Phone: 248-618-9989	Email: SJac	ckson@ldcb.com	Fax: 248-618-0989			
Annual Report Form Mailings						
Name & Title: Amanda Gucich, Senior Compliance Specialist						
Address: 107 W Michigan Ave, 4th Floor						
City: Kalamazoo		State: MI	ZIP Code: 49007			
Phone: 269-381-8888	Email: cont	act@nationwideregulatorycompliance.com	Fax: 269-381-4855			
Dual Party Invoice Mailings						
Name & Title: Amanda Gucich, Senior Compliance Specialist						
Address: 107 W Michigan Ave, 4th Floor						
City: Kalamazoo		State: MI	ZIP Code: 49007			
Phone: 269-381-888	Email: conta	act@nationwideregulatorycompliance.com	Fax: 269-381-4855			
Universal Service Fund Mallings						
Name & Title: Amanda Gucich, S	Senior Compli	ance Specialist				
Address: 107 W Michigan Ave, 4t	h Floor					
City: Kalamazoo		State: MI	ZIP Code: 49007			
Phone: 269-381-8888	Email: conta	act@nationwideregulatorycompliance.com	Fax: 269-381-4855			
Gross Receipts Mailings						
Name & Title: Amanda Gucich, S	Senior Compil	ance Specialist				
Address: 107 W Michigan Ave, 4th Floor						
City: Kalamazoo		State: MI	ZIP Code: 49007			
Phone: 269-381-8888	Email: contact@nationwideregulatorycompliance.com Fax: 269-381-4855					
Lifeline Contact						
Name & Title: n/a						
Address:						
City:		State:	ZIP Code:			
Phone:	Email: Fax:		Fax:			

FORM PREPARER INFORMATION				
This form was completed by: Amanda Gúcich				
Signature				
Title: Senior Compliance Specialist	Date: 03/21/19			

RETURN COMPLETED FORM TO:

Public Service Commission of SC Docketing Department 101 Executive Center Drive, Suite 100 Columbia, SC 29210 AND Attn. Kari Munn
1401 Main Street, Suite 800
Columbia, SC 29201